

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO/ 10137343  
APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						